

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000072724

FILED
Jan 11, 2007
Secretary of State

Entity Name: ALLIANCE MEDICAL MARKETING, INC.

Current Principal Place of Business:

5150 PALM VALLEY RD
SUITE 305
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

5150 PALM VALLEY RD
SUITE 305
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3273470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENNINGTON, C. RUFUS III
INDEPENDENT LIFE BUILDING
1 INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

PENNINGTON, C. RUFUS III
5150 PALM VALLEY RD
PONTE VEDRA BEACH, FL 32082 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: C. RUFUS PENNINGTON

01/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIS, SCOTT E
Address: 5150 PALM VALLEY RD, STE #305
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: STD () Delete
Name: PENNINGTON, C. RUFUS III
Address: 1 INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: PENNINGTON, C. RUFUS III
Address: 5150 PALM VALLEY RD, STE #305
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT E. LEWIS

PD

01/11/2007

Electronic Signature of Signing Officer or Director

Date